15031020466

FEC FORM

STATEMENT OF ORGANIZATION

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2013 JAN 25 AM 9: 53

FORM 1						FALCUMAN CENTER				
NAME OF COMMITTEE (in	full)		Check if name changed)		xample: If ty ver the lines		12FE41			
Community	y PAC									لـــــا
					1 1	1 1 1 1			<u> </u>	
ADDRESS (number and street)		827	Carlisle	Roa	d	111			 	
(Check if address is changed)		Ston	e Mour	ntain			GA	3008	33	<u></u>
				CITY			STATE		ZIP CODE	:
COMMITTEE'S E-MA	IL ADDRES	SS (Please	provide only o	ne e-mail :	address)					
Chook if	oddrooo	ıvwin	pisinge	r@η	şŋ.ço	m , , ,	1111	11.1.1		
(Check if is change			<u> </u>	_1_1_	1 1.1			1111		
COMMITTEE'S WEB	PAGE ADD	DRESS (UF	RL)							
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2. DATE 01	*]′ [14	°]′ 2 0	13							
3. FEC IDENTIFIC	CATION NU	IMBER	C							
4. IS THIS STATE	MENT X	NEW	(N) OF	· [AME	ENDED (A)				
I certify that I have e	examined th	is Stateme	nt and to the	best of m	y knowledge	e and belief it	is true, corr	ect and con	nplete.	
Type or Print Name	of Treasurér	Mal	colm C	unnir	nghạ/m	1				
Type of Time Hame				77				==1.		
Signature of Treasure	ar	Az	1				Date 6	2	3/2	013
NOTE: Submission of			mplete informa						lties of 2 U.	.S.C. §437g.
Office Use Only					Federal El	er information contion Commissi 300-424-9530 694-1100			C FORM	